Intensive Care Coordination (ICC) Program Referral Form

This referral form may be used for adults and youth enrolled in the Idaho Behavioral Health Plan (IBHP).

Magellan's Intensive Care Coordination (ICC) program provides intensive care management for:

- Adults with serious and persistent mental illness (SPMI) or serious mental illness (SMI)
- Youth with serious emotional disturbance (SED)* who:
  - need a higher level of care
  - are transitioning from an out-of-home placement, such as:
    - therapeutic foster care
    - an acute psychiatric hospital
    - or a residential treatment facility
  - need support to prevent placement outside the home or involvement with multiple child-serving systems

**SED is defined as a youth having a diagnosis from the most recent version of the DSM and functional impairment identified through the Child and Adolescent Needs and Strengths (CANS) assessment.*

Member Information	
Member name:	Date of birth:
Medicaid ID:	Date of referral:
Member phone:	Member email:
Parent/Guardian Information (if applicable)	
Parent/Guardian name:	Parent/Guardian phone:
Parent/Guardian email:	
Referral Source	
Referral source name:	Phone:
Organization/Provider (optional):	
Clinical Information	
DSM-5 diagnosis:	CANS score:
ICC Eligibility Criteria	
Please check a box to confirm that criteria has been met: ☐ Member has SMI or SPMI ☐ Member has SED ***(Youth only)*** ☐ Member is transitioning from an out-of-home placement (hospital, RTC, therapeutic foster care) ☐ Member is at risk of out-of-home placement ☐ Member has complex behavioral health needs requiring multi-system coordination	

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Current Risk Factors
Please identify any current risk factors the member is experiencing:

Reason for Referral
Please briefly describe why the member is being referred for ICC:

Submit completed forms by:

- **Fax:** 1-888-656-2709
- **Email:** IBHPClinical@MagellanHealth.com
- **Phone:** 1-855-202-0983 (TTY 711)